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To: Patent and TM Office - ^{Box} Amendment	From: caroleb
Company: US Gov't	Bldg/Room: 8
CC:	Phone Number: 425-722-6035
Phone Number:	Date & Time Sent: 12/22/04 - 2:30
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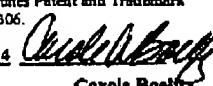
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number		09/632,521		
	Filing Date		August 4, 2000		
	First Named Inventor		Papaefstathiou		
	Group Art Unit		2128		
	Examiner Name		Herng Der Day		
<input type="checkbox"/> Sent via Express Mail Label No.:			Attorney Docket Number		150937.01

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement with Form PTO/SB/08A (pages) <input type="checkbox"/> Response to Notice to File Missing Parts <input type="checkbox"/> A copy of the Notice to File Missing Parts Under 37 CFR 1.52 or 1.5	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) (# sheets) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Newly Executed (# pages) <input type="checkbox"/> A copy from a prior application (37 CFR 1.63(d)) (# pages) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt <input type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Other Enclosure(s) (please identify below):

CERTIFICATE OF MAILING OR TRANSMISSION <small>(Under 37 CFR § 1.824)</small> <input checked="" type="checkbox"/> I hereby certify that this correspondence is being: <input type="checkbox"/> deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop , Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450; or <input checked="" type="checkbox"/> transmitted by facsimile on the date shown below to the United States Patent and Trademark Office at (703) -8729306. December 22, 2004  Carole Boeltz		Remarks <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees required, or credit any overpayments, to Deposit Account No. 50-0463 for the above identified patent application.
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SIGNATURE OF ATTORNEY OR AGENT			
Signature		Reg. No.	48,958
Name of Attorney or Agent		Carole Boeltz	
Date	December 22, 2004	Tel.	(425) 722-6035
		Facsimile No.	(425) 936-7329
Assignee Name:		MICROSOFT CORPORATION ONE MICROSOFT WAY REDMOND, WA 98052	
Customer Number:		22971	

Effective on 12/08/04 Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005		Complete if Known					
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/632,521				
		Filing Date	August 4, 2000				
		First Named Inventor	Papaefstathiou				
		Examiner Name	Herng Der Day				
		Art Unit	2128				
TOTAL AMOUNT OF PAYMENT (\$) TOTAL FEES		Attorney Docket No.	150937.01				
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METHOD OF PAYMENT (check all that apply)							
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 50-0483 Deposit Account Name: MICROSOFT CORPORATION For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments							
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FEE CALCULATION							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES:							
	FILING FEES Application Type Fee (\$) Small Entity Fee (\$)		SEARCH FEES Application Type Fee (\$) Small Entity Fee (\$)	EXAMINATION FEES Application Type Fee (\$) Small Entity Fee (\$)	Fees Paid (\$)		
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES				Fee Description Fee (\$) Small Entity Fee (\$)			
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent				50 25			
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent				200 100			
Multiple dependent claims				360 180			
Total Claims Extra Claims Fee (\$) Fee Paid (\$) 32 - 31 or HP = 1 x 50 = 50		Multiple Dependent Claims Fee (\$) Fee Paid (\$) _____ _____					
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$) 6 - 6 or HP = 0 x 200 = 0							
HP = highest number of total claims paid for, if greater than 20 HP = highest number of independent claims paid for, if greater than 3							
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(e). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$) _____ - 100 = _____ / 50 = _____ (round up to a whole) number x _____ = _____							
4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount) Other: _____							
SUBMITTED BY							
Signature			Registration No. (Attorney/Agent)	48,958	Telephone 425-722-6035		
Name (Print/Type)	Carole Boslitz		Date	December 22, 2004			

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Carole A Boelitz
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